

*This English manuscript is a translation of a paper originally published in the *Psychiatria et Neurologia Japonica*, Vol. 122, No. 7, p. 521-527, which was translated by the Japanese Society of Psychiatry and Neurology and published with the author's confirmation and permission. If you wish to cite this paper, please use the original paper as the reference.

Special Feature Article

Psychotherapy for the Elderly: Its Problems and Method

Kenji KITANISHI

Morita Therapy Institute Kitanishi Clinic

Psychiatria et Neurologia Japonica 122: 521-527, 2020

Abstract

Elderly persons live their lives facing varying levels of loss. They must live in a period of transition, between life and death, which is full of the pain of living, illness, aging, and dying.

Aging as a transitional stage can be understood as:

1) Aging and loss: varying levels of loss related to the mind, body, and interactions with reality are experienced, and they must live in the midst of change.

2) Adaptation anxiety: the elderly experience “the anxiety that they with their present conditions cannot adapt to the environment.” It is clinically important to pay attention to the presence of the desire for life that lies behind this anxiety.

3) Ambiguous borders: many borders, such as those between the body and consciousness, the world and self, and the sense of time and space, become ambiguous, diminishing the sense of living in the “here and now.”

4) The phenomena of aging as a transitional period: the elderly are easily swayed by minor stimuli, they live with anxiety, depression, and pain, and they are likely to live in social isolation.

5) Sexuality of the elderly: it is sometimes actively expressed, for which flexible treatment is required.

The essence of psychotherapy for the elderly includes the following:

1) Empathy, understanding, and affirmation: to affirm their emotional experiences and their lives, and to actively acknowledge them.

2) Simple behavioral prescriptions: to prescribe simple behavioral plans that suit their lifestyles and to encourage their practice.

3) Attachment to youth ("should" thinking): to alleviate this attachment and search for a way of living that suits them.

4) Stereotypical image of the elderly: therapists and families should be freed from it.

5) Supportive environment for the elderly: interventions to provide a gentle and sustainable environment.

6) Ability to be alone (rich solitude and self-containment): attention and active affirmation are desirable. Accepting loss on numerous levels, reducing obsession with this loss, and acquiring an attitude of resignation help the elderly to find suitable ways of living.

Keywords: elderly, psychotherapy, loss, acceptance, resignation

Introduction.

An aging society means an extended period of old age, living in a transitional period between death and life, and facing the experience of loss. While there are many possible factors, it is in old age that individual differences become more pronounced. Some people live to a healthy and active old age, while others suffer from anxiety, depression, and despair due to a variety of physical, psychological, and social problems. In addition, in the very old, gerontological transcendence, which is neither a mental and social detachment nor an emphasis on the continuous activities of successful aging from middle age, is attracting attention⁹⁾. This is a qualitative change in

worldview, a state of acceptance of aging as it is, and a state of peace of mind, which, as Niimura writes, overlaps with the way of life that Morita therapy aims to achieve⁷⁾ and, more specifically, the Oriental idea of transformation of the self.

An understanding of aging as a transitional period and the essentials of psychotherapy for the elderly are described.

I. Understanding Aging as a Transitional Period

1. Aging and loss

Old age comes to all of us in the same way, and it "catches us by surprise," as de Beauvoir, S.1), quoting Goethe, puts it. Furthermore, "we are often

astonished when the common condition of all things - illness, disagreement with a loved one, bereavement - happens to us.

What catches us off guard is the experience of loss at various levels. Buddhism regards this as the "suffering" of life due to aging, sickness, and death, and has sought to resolve it. Aging is to live with the suffering of life, aging, sickness, and death condensed into one, and to be confronted with a body, mind, and reality that is not as one wishes it to be. It can be said that the way a person lives is determined by the way he or she deals with crises at the mental, physical, social, and existential levels. On the other hand, from the psychotherapeutic point of view, when a crisis is accepted gently and sometimes with a kind of resignation, the person's unique way of life in aging can be seen⁴).

Aging is about living with the dynamism of loss on a daily basis, and it is important to age appropriately and firmly as a person, rather than attempting anti-aging methods.

2. Inadaptability to anxiety

Aging is the decline of various physical and mental functions. It can happen gradually or suddenly. When this happens, we feel anxiety, especially adaptation anxiety.

Inadaptability anxiety is "an anxious feeling that one's physical and mental

state is disadvantageous to one's survival." It is an anxiety that one cannot adapt to the environment with one's current state. This is a concept proposed by Kora as a preparatory state for neurosis⁵). Inadaptability anxiety may explain the anxiety felt during the process of expanding one's range of activities and achieving socialization from adolescence to adulthood.

However, the experience of loss in the elderly causes adjustment anxiety. We believe that elderly people are more prone to this anxiety. It is important not to overlook the fact that behind this anxiety is the desire and strength to live a better life as a person. This understanding is clearly distinct from the stereotypical response of being "too old" that is often given by the elderly themselves, their families, and their therapists. From this perspective, it is essential for psychotherapy to understand the anxiety of the elderly, to consider their present situation, and to seek a way of life that suits them.

This kind of inadaptability to anxiety may also be useful in understanding and intervening with anxiety in early dementia and mild cognitive impairment (MCI). It is difficult for MCI patients to accept it, and they always oscillate between acceptance and denial³). If memory loss is viewed as an experience of loss, it is possible to intervene to find ways to help the

elderly accept it and to think together about how to live in a way that is appropriate for their current state.

3. Blurring of boundaries in various dimensions

In general, aging is preceded by the aging of the body, and it is difficult to reconcile this with consciousness (attachment to youth).

The elderly are easily shaken by stimuli from their environment, such as the climate, as well as loss. This may cause the elderly to become confused and anxious when responding to such stimuli. Physical discomfort can easily become mental discomfort and vice versa.

However, aging is an important process in accepting one's own existence as one dies and perishes. As Mori states⁶⁾:

I just want to die seeing life as a vague dream. And the best way to blur life into a haze is to be in a state of geriatrics. This is because a life that is too conscious and too clear is not worthy of death. Death, which comes suddenly in the midst of the vivid consciousness generated by an active cerebrum, is too sudden and tragic. There is an abyss and a rupture that terrify people. We need to be in the twilight before we enter the complete darkness.

Accepting the loss process of aging is an important element of the Eastern

transcendence of old age. It is an existential way of growing old, of growing old properly. Accepting the loss associated with the geriatric state of mind and body prepares one for resignation, which in turn leads to a gentle desire for life. This is a way of aging that transcends attachment to activity and fear of loss.

However, reaching this point is not easy. Many elderly people have lost their physical and mental health, have lost various relationships, and are shaken by this experience of loss. The basic task of psychotherapy for the elderly is to help them accept the experience of loss and find a form of desire to live that suits their needs.

4. Aging as a transitional period

1) Feeling shaken

During this transitional period, the elderly are shaken by trivial stimuli from the environment and show unexpected reactions. In contrast to the typical image of old age, the elderly are unable to accept their feelings of anxiety, depression, and anger, and are shaken by them, making it difficult to accept them. The fact that the elderly lose their temper is also indicative of this situation.

Aging as a transitional period can also be seen in their experience of time. Conventional developmental theories use an integrated model of

accomplishing tasks in one age group before beginning the next²⁾; however, aging is a situation that cannot be fully understood by such a linear integrated model.

In the elderly, childhood, the present, and the future often intersect and overlap, blurring the boundaries, making one's existence uncertain, and making it difficult to grasp one's place in the real world.

In psychotherapy of the elderly, it is necessary to understand their physical, mental, and social difficulties; the things that inconvenience them; and to help them to live their lives in a way that is appropriate for them in the "here and now."

2) Anxiety and depression

Loss on many levels naturally leads to anxiety and depression. It exists across all pathologies. It is essential to address this issue in the psychotherapy of the elderly.

Psychotherapy for the elderly should not only focus on relieving anxiety and depression but also on understanding the pain of loss and seeking a relaxed way of life that suits the individual.

Psychotherapy aims to find out what a therapist can do "in the here and now" for an elderly person who is overwhelmed by anxiety and depression, and to work on it together. This is where the flexibility of the therapist is required.

3) Living with pain

Living with old age means living with physical illness, represented by pain. It is not uncommon for this to suddenly occur in the elderly. Many elderly people have led healthy, active lives, and then suddenly experience painful physical problems. Chronic pain, the cause of which is not identified, is treated symptomatically, being dismissed as "old age" without knowing the cause, even after repeated visits to the emergency room. Such treatment increases the patient's anxiety, distrust of medical care, and sense of helplessness, and drives them to doctor shopping.

When we examine this phenomenon, we find that anxiety, depression, and avoidance of pain, such as difficulty walking and avoidance of going out, as well as the involvement of others can lead to symptoms that persist and worsen for unknown reasons. Without this understanding, it is difficult to intervene appropriately in hypochondria and chronic pain in the elderly.

4) Social isolation

As people get older, they have fewer connections with other people, and as a result they tend to rely only on certain people or become socially withdrawn. Social isolation also makes it difficult for the elderly to grasp their own position in life.

Paradoxically, honing one's ability to be alone will enable the elderly to rely on others. In order to do this, it is necessary to pay attention to the lives of the elderly themselves, to examine specifically what they can and cannot do, and to maintain the things that they can do.

5. Paying attention to the sexuality of the elderly

As de Beauvoir¹⁾ reports, the elderly are not immune to explicit sexuality. Its expression takes various forms, including perversions. Therapists are required to respond flexibly without being bound by the common sense framework of aging. This is because family members and others are generally reluctant to discuss such issues, and the situation often becomes confusing.

It is not uncommon for caregivers to have a hard time dealing with this kind of sexuality during the period of dementia⁸⁾. It is extremely important in caring for the elderly to consider how to deal with such sexuality without making it a taboo subject.

In addition, in clinical situations, our experience has shown that men suffering from sexual dysfunction and women suffering from jealousy are common.

It is not uncommon for older men to suffer from erectile dysfunction. Behind

this can be found the adolescent mind and its compulsive need for control. In a sense, it is an obsession with youth or a fear of losing it. The process of accepting the loss of old age makes it possible for the elderly to build emotional and intimate relationships.

Many of the conflicts surrounding sexuality in older women are manifested in the form of jealousy. This is the jealousy type of delusional disorder and the jealousy delusion in dementia. The jealousy delusion is often expressed in the form of attacks on the spouse, sometimes violence, and domineering behavior in various situations. Family members and health care providers treat such behavior as a symptom, and are bewildered and disgusted by it. This increases the isolation of these elderly women, which in turn increases their delusional behavior.

It is important to understand the emotions of such elderly women in psychotherapy. When interviewing such women, it is necessary to consider the nature of their relationship with their spouses. In many cases, elderly people with delusions of jealousy have been previously hurt by their spouse's words and actions, and have experienced feelings of anger, depression, and helplessness, which they have suppressed due to various social circumstances. In many cases, they

have lived their lives suppressing these feelings. When they become older and the power relationship with their spouse is reversed, these feelings are expressed in the form of aggression, anger, and violence.

It is necessary to pay attention to the traumatic experiences behind these women's actions, and to empathize with and understand their feelings of helplessness, depression, anxiety, and anger. One elderly woman talked about such experiences in an interview and murmured, "For the first time, I was understood for my suffering." This was because she had been isolated from her family due to her jealousy delusions, and had always been the target of criticism.

II. Essentials of Psychotherapy for the Elderly

1. Empathy, understanding, and affirmation

Needless to say, it is necessary to listen to the complaints of the elderly while respecting them as people who have lived their lives to the fullest. The first step in the interview process is to empathize with the elderly person and try to understand them from the perspective of what they have lost rather than focusing only on their symptoms. The person in front of you is living in the transitional period leading up to death, facing the experience of loss

and having difficulty adapting to their anxiety.

In the case of elderly women with jealousy delusions, if we understand them as mere symptoms, we tend to respond according to the complaints of their spouses and family members, and end up persuading them to "let it go" or "let it be" in the past. In the background is their damaged self-esteem, which is again doubly or triply wounded and isolated by the reactions of their families and surroundings, and they suffer from a sense of helplessness, depression, and anger.

Psychotherapeutic interventions begin with positive affirmations of life experiences such as, "You've had a hard life," "You've lived a hard life," and "It's natural to feel anger after such an experience." By expressing empathy, the aggression and desire to control that the spouse feels based on these delusions will be loosened. Accepting the delusions as they are and aiming to rebuild their life are the key points of psychotherapy here.

2. Simple behavioral prescriptions

Treatment begins by identifying the vicious cycle of psychological anxiety and the various physical sensations and pain associated with it. The more attention is paid to them, the more intense the sensations become, and the more one tries to manage them, the

more painful they become. Thus, the more one tries to deal with them, the harder it becomes. However, it is easy to gain the understanding of the elderly and their families.

Many people with these problems have been active and have lived a life of successful aging from middle age until a certain point in their lives. Aging comes equally and suddenly to the elderly who have lived their lives with the desire to be young and the ability to do so. They feel physically and mentally uncomfortable, and this causes them to feel anxious about their adjustment. In an attempt to cope with this, a vicious cycle is set in motion.

Such elderly people visit medical institutions frequently and try to cope, but as a result, both they and their families become exhausted, and they tend to stop doing the things they used to enjoy doing and become withdrawn.

In response, the following two prescriptions for action should be given to such patients in a clear and concrete manner:

(1) Stop doctor shopping and wait for the time being.

2) Focus on one thing that you liked and work on it.

For this behavioral prescription, it is desirable to simply choose one activity. If the person has been taking walks, it is clinically important to actively assure them that they will be fine as long as

they do that, and not to ask for their insight or awareness.

3. Loosen their attachment to youth ("should" thinking)

The sudden onset of old age (physical discomfort, pain, depression, and illness) in the elderly can lead to a mindset of "I should be young" and "I should be active" ("should" thinking). We want to think that we should always be young. This is the "should" thinking that binds the elderly.

This can also be seen in erectile dysfunction in older men. If we can loosen this "should" thinking, we will be able to build an emotional and intimate relationship with our romantic partner.

It is not uncommon for a previously active elderly person to fall into a state of depression due to the death of a friend or physical illness, and then become a recluse. This is a compulsive way of thinking and acting, black and white. Here, too, we can see the conflict between the obsession with youth and the inability to accept the reality of oneself.

In such a case, therapists should start by taking one thing that can be done by the patient and give them a simple prescription for action and ask them to work on it. For example, let's say that a person who loves golf has withdrawn from all daily activities due to depression. There is only one behavioral

prescription: go to a golf lesson. You push them by assuring them that this is the solution to their depression and physical discomfort. From there, the patient can find an activity and a way of life that is appropriate for their current situation.

4. Freeing the therapist from stereotypical images of the elderly

A difficulty in approaching the elderly psychotherapeutically has to do with the therapist's and family's perception of aging, assumptions, and "should" thinking. We often tend to seek a stereotypical image of the elderly as mature, senile, or cute.

The elderly are living in a transitional period filled with conflicts, which is a process of loss. Through helping them to face their suffering, patients can find a way to age in a way that is unique to them.

5. Interventions in the environment to support the elderly

An important therapeutic issue is to create a supportive environment for the elderly, whose boundaries with reality are blurred and who are easily shaken by changes. For this purpose, it is important for family members and others who support the elderly to keep a moderate distance from them. It is often easy to take extreme measures, such as overly supporting the elderly or

shunning them. It is important to intervene therapeutically with the elderly and aim to reestablish a loose and sustainable relationship with the environment and family.

6. Focus on and positive affirmation of the ability to be alone (abundant solitude, and autonomy)

It is imperative that healers free themselves from the assumption that the elderly are socially isolated and miserable.

The ability to be alone is important as we slowly move down the final transitional stages of life. The process of accepting old age reduces attachment to reality and creates in the elderly a richer sense of autonomy and the ability to enjoy solitude. This process of accepting old age reduces attachment to reality and creates in the elderly a richer sense of autonomy and the ability to enjoy solitude, and the naturalness of reality is lost.

It is also necessary to focus on this ability and encourage the elderly themselves and their families to nurture it. This requires resignation and giving up attachment at various levels, which will enhance this ability.

Conclusion.

The elderly experience a variety of losses and live in a transitional period between life and death. This article

describes the phenomena of this transitional period and the essentials of psychotherapy for it. Appropriate acceptance of loss makes it possible to find a unique way of life.

There are no conflicts of interest to be disclosed in relation to this paper.

References

- 1) de Beauvoir, S.: *La Vieillesse*. Éditions Gallimard. Paris, 1970 [Translated into Japanese by Asabuki, S. Jinbunshoin, Kyoto,1972]
- 2) Erikson, E. H., Erikson, J. M.: *The Life Cycle Completed*. W. W. Norton & Company, New York,, 1997 [Translated into Japanese by Murase, T., Kondo, K., Misuzushobo, Tokyo,2001]
- 3) Hashimoto, M: The application of Morita psychotherapy for patients with mild cognitive impairment. *Journal of Morita Therapy*,29:35-41,2018.
- 4) Kitanishi,K.: *Anthropology of Recovery-Transformation of "Living" by Morita Therapy*. Hakuyosha. Tokyo,2012 (In Japanese)
- 5) Kora, T.: *Recommendation of Morita Therapy-How to overcome neurosis*-. Hakuyosha, Tokyo. 1976(In Japanese)
- 6) Mori. O.: *Being on the verge of becoming senile*. Misuzushobo.Tokyo. 2010(In Japanese)
- 7) Niimura, H.: Aging as “Arugamama”: Prescribing wisdom of Morita therapy for super-aged society. *Jouranl of Morita Therapy*,29:29-33, 2018. (In Japanese)
- 8) Hashuzume, S.: *Sex and Super Aging Society-Facing "Sex in Old Age"*-. NHK Shuppan, Tokyo, 2017(In Japanese)
- 9) Tornstam, L.: *Gerotranscendence: A Developmental Theory of Positive Aging*. Springer Publishing Company, New York, 2005 (Translated into Japanese by Tomizawa, K., Takahashi, K., Koyoshobo, Kyoto,2017)